

FILED NOV 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

399979

STATE FILE NUMBER

Registration District No.

128

Primary Registration District No.

2000

Registrar's No.

1112

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|---|--|--|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY GREENE | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY GREENE | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN SPRINGFIELD | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HANDLEY Hosp | | Length of stay in 1b 67 YRS | | d. STREET ADDRESS 2900 N. National | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First JAMES Middle F Last MOTLEY | | | | 4. DATE OF DEATH Month 11 Day 16 Year 57 | | | |
| 5. SEX MALE | | 6. COLOR OR RACE NEGRO | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH JULY 8, 1890 | |
| 9. AGE (In years last birthday) 67 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUTCHER | | 100. KIND OF BUSINESS OR INDUSTRY (Not Butcher) | | 11. BIRTHPLACE (City and state or country) SPRINGFIELD MO | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. FATHER'S NAME JAMES MOTLEY | | 14. MOTHER'S MAIDEN NAME CORA JARROLD COTNER | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. VA 443410 | | 17. INFORMANT Address Mrs CORA SNAULDING | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Vascular Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4221 | | | | | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | INTERVAL BETWEEN ONSET AND DEATH N/A | | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ | | | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | 20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____ | | | |
| 21. I attended the deceased from Nov. 16, 1957 to Nov. 16 and last saw him alive on Nov. 16, 1957 Death occurred at 9.00 P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE Lyman D. Brown M.D. (Degree or title) | | | | 22b. ADDRESS 311 1/2 College | | | |
| 22c. DATE SIGNED 11/18/57 | | | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE 11-22-57 | | 23c. NAME OF CEMETERY OR CREMATORY HAZLEWOOD | | 23d. LOCATION (City, town, or county) (State) SPRINGFIELD MO | |
| 24. FUNERAL DIRECTOR H.V. SMITH ADDRESS 602 N. JEFFERSON | | | | 25. DATE RECD. BY LOCAL REG. 11-22-57 | | 26. REGISTRAR'S SIGNATURE Edna Williamson | |

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Herbert V Smith*

Licensed Embalmer No. *428*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.